

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
09782650  
APPLICANT(S)

FILING DATE  
2-14-01

CLAIMS

|    | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|----|----------|------|------------------------|------|------------------------|------|
|    | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1  | Y        |      |                        |      |                        |      |
| 2  |          | Y    |                        |      |                        |      |
| 3  |          | Y    |                        |      |                        |      |
| 4  |          | Y    |                        |      |                        |      |
| 5  |          | Y    |                        |      |                        |      |
| 6  |          | Y    |                        |      |                        |      |
| 7  |          | Y    |                        |      |                        |      |
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| 15 | Y        |      |                        |      |                        |      |
| 16 |          | Y    |                        |      |                        |      |
| 17 |          | Y    |                        |      |                        |      |
| 18 |          | Y    |                        |      |                        |      |
| 19 |          | Y    |                        |      |                        |      |
| 20 |          | Y    |                        |      |                        |      |
| 21 |          | Y    |                        |      |                        |      |
| 22 |          | Y    |                        |      |                        |      |
| 23 |          | Y    |                        |      |                        |      |
| 24 | Y        |      |                        |      |                        |      |
| 25 |          | Y    |                        |      |                        |      |
| 26 |          | Y    |                        |      |                        |      |
| 27 |          | Y    |                        |      |                        |      |
| 28 |          | Y    |                        |      |                        |      |
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